CLAYTON COUNTY PUBLIC SCHOOLS

1058 Fifth Avenue • Jonesboro, GA 30236 • (770) 473-2700

Dr. Anthony Smith
Superintendent of Schools

Facility Services Department
Access/ID Badge Agreement Form

LOCATION/SCHOOL: _____ **EMPLOYEE #:** _____

[Primary Location]   [Six digit number] or [End of Contract Date]

NAME: _____ **DATE:** _____

[Print First & Last Name]   [MM/DD/YYYY]

PLEASE CHECK ONE BADGE TYPE:

☐ New Badge
☐ Replacement Badge
☐ Damaged Badge
☐ Stolen Badge

OFFICE USE ONLY:
Paid: ☐ Yes / ☐ No
Neglect: ☐ Yes / ☐ No
Police Report #:   Agency:

PLEASE CHECK ONE POSITION OR LOCATION BELOW:

☐ Administrator	☐ Homeless Ed	☐ Pre-K Development
☐ Teacher or Paraprofessional	☐ Int'l Center	☐ Safety & Security
☐ School Staff	☐ Maintenance	☐ Technology
☐ Central Office	☐ Performing Arts Center	☐ Transportation
☐ Contract Worker	☐ Prof. Learning Center	

I acknowledge:

- The ID Badge should be worn and visible at all times while at work.
- The badge is not to be left in direct sunlight or heat.
- In the event the badge is damaged, lost, or stolen, I will immediately notify my supervisor who will notify the CCPS Electronics Department at 770-473-2825.
- Payments for badges that are damaged, lost, or stolen are $25.00. Checks and money orders made payable to "Clayton County Public Schools" at "1058 Fifth Avenue, Jonesboro, GA" are the only acceptable forms of payment.
- The badge must be returned to my supervisor or CCPS Facility Services Department immediately when directed by district authorities or upon termination of my employment with CCPS.

I have read and agree to the above terms and conditions. I agree to cooperate fully with any investigation(s) in reference to lost or stolen badges.

EMPLOYEE SIGNATURE: _____

ADMINISTRATION SIGNATURE: _____ **NAME:** _____

(Print)

OFFICE USE ONLY: Complete: ☐ Yes / ☐ No Date: / /
Hotstamp ID #:   ID handed to employee: ☐ Yes / ☐ No Inner office mailed to:

Receipted by and date: _____ **Receipt # and amount:** _____

04/23